



Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health

27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

**Wastehauler Permit Application**  
Fee: \$110.00 (payable to Town of Arlington)

The undersigned hereby applies for a permit to haul solid waste or recyclables in the Town of Arlington in accordance with Chapter 111, section 31A and 31B of the General Laws of the Commonwealth of Massachusetts as amended and subject to the rules and regulations of the Board of Health.

Business Name d/b/a: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street city/town zip

Mailing Address: \_\_\_\_\_  
(If different from above) Street city/town zip

Email: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

-----  
**Please circle or write the appropriate response to each question:**

Do you offer recycling services to customers in Arlington? YES NO

If not, why? \_\_\_\_\_

Do you offer recycling services to **SOME** or **ALL** customers in Arlington?

Do you charge extra for recycling? **YES** **NO** **DEPENDS ON VOLUME**

If you do not offer recycling to ALL customers in Arlington, briefly describe which customers do not want recycling: [please list name of customer (s) or types of business (i.e. restaurant, retail store)]:

\_\_\_\_\_  
\_\_\_\_\_

Are you aware of companies such as Recycling Works (recyclingworksma.com) that provide free advice to businesses who are trying to start recycling programs?

YES NO

-----  
**\*\*\* Please attach a list of all facilities in the Town of Arlington from which you collect \*\*\***

Signed \_\_\_\_\_ Date \_\_\_\_\_